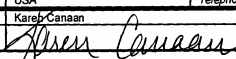
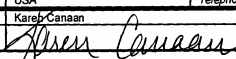
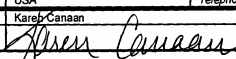


UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 1300-0008 First Inventor John J. QUINN Title METHOD FOR DETECTION OF MULTIPLE NUCLEIC ACID SEQUENCE VARIATIONS Express Mail Label No. EV 327 533 253 US	
(Only for new nonprovisional applications under 37 CFR 1.53(b)) APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>28</u> (unsigned cover)] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>] 5. Oath or Declaration [Total Pages <u>3</u> (unsigned)] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____			
18. a. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner: _____ Group / Art Unit: _____ b. <input checked="" type="checkbox"/> This application claims priority to Provisional Application Serial No. <u>60/412,477</u> filed <u>September 20, 2002</u> .			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

22387 U.S. PTO
10/666744

09/15/03

19. CORRESPONDENCE ADDRESS																																															
<input checked="" type="checkbox"/> Customer Number of Bar Code Label		23980 <small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">Name: Karen Cansan</td> </tr> <tr> <td colspan="6">Address: REED & EBERLE LLP</td> </tr> <tr> <td colspan="6">800 Menlo Avenue, Suite 210</td> </tr> <tr> <td>City: Menlo Park</td> <td>State: CA</td> <td>Zip Code: 94025</td> <td colspan="3"></td> </tr> <tr> <td>Country: USA</td> <td>Telephone: (650) 330-0900</td> <td>Fax: (650) 330-0980</td> <td colspan="3"></td> </tr> <tr> <td colspan="2">Name (Print/Type): Kareb Cansan</td> <td colspan="2">Registration No. (Attorney/Agent): 42,382</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Signature: </td> <td colspan="2">Date: September 15, 2003</td> <td colspan="2"></td> </tr> </table>						Name: Karen Cansan						Address: REED & EBERLE LLP						800 Menlo Avenue, Suite 210						City: Menlo Park	State: CA	Zip Code: 94025				Country: USA	Telephone: (650) 330-0900	Fax: (650) 330-0980				Name (Print/Type): Kareb Cansan		Registration No. (Attorney/Agent): 42,382				Signature: 		Date: September 15, 2003			
Name: Karen Cansan																																															
Address: REED & EBERLE LLP																																															
800 Menlo Avenue, Suite 210																																															
City: Menlo Park	State: CA	Zip Code: 94025																																													
Country: USA	Telephone: (650) 330-0900	Fax: (650) 330-0980																																													
Name (Print/Type): Kareb Cansan		Registration No. (Attorney/Agent): 42,382																																													
Signature: 		Date: September 15, 2003																																													

09/15/03

01918 U.S. P.

FEE TRANSMITTAL for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$1056.00

Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

C mplet If Known

Application Number	Unassign d
Filing Date	Filed herewith
First Named Inventor	J hn J QUINN
Examiner Name	Unassign d
Group Art Unit	Unassigned
Attorney Docket No.	1300-0008

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☒ None

☐ Deposit Account:

Deposit Account No.

Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge any underpayment or credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	\$750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					\$750.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below		Fee Paid
Total Claims	37	- 20** =	17	x	18	=	\$306.00
Independent Claims	2	- 3** =	0	x	0	=	\$0
Multiple Dependent					0	=	\$0

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claim in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	260	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$306.00

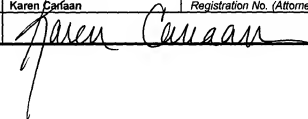
**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	65	Non-English specification	
1612	2,520	1612	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1607	50	1607	50	Processing fee under 37 CFR 1.17(g)	
1806	180	1806	180	Submission of Information	
				Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					\$0

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Karen Carraan	Registration No. (Attorney/Agent)	42,382	Telephone	(650) 330-0900
Signature		Date	September 15, 2003		